

L05 0000 31192

(Requestor's Name)

(Address)

(Address)



900047844779

Agency For Legal Investigations
515 33 rd Av North FL 33704
St. Pete.

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

03/14/05--01039--021 **130.00

Special Instructions to Filing Officer:

W05-13417

2848

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TALLahassee, FLORIDA

05 MAR 28 AM 7:59



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 15, 2005

AGENCY FOR LEGAL INVESTIGATIONS
515 33RD AVE NORTH
ST. PETE, FL 33704

SUBJECT: AGENCY FOR LEGAL INVESTIGATIONS
Ref. Number: W05000013417

We have received your document for AGENCY FOR LEGAL INVESTIGATIONS and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick
Document Specialist

Letter Number: 305A00017750

TALLAHASSEE, FLORIDA

05 MAR 28 AM 7:59

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AGENCY FOR LEGAL INVESTIGATIONS L.L.C

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

515 33RD AV NORTH
ST. PETE, FLORIDA 33704

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

WILLIAM M. BROWER
Name

515 33RD AV. NORTH
Florida street address (P.O. Box **NOT** acceptable)
ST. PETE. FL 33704
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

William M. Brower
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

WILLIAM BROWER
S15 33RD AVE NORTH
ST. PETE, FL 33704

MGRM

ALBERT BALESTRIERI
2617 COVE CLAY DR. #202
CLEAR WATER, FL 33760

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

William M. Brower
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

WILLIAM M. BROWER MGRM
Typed or printed name of signee

TALLAHASSEE, FLORIDA

05 MAR 28
MGRM
7:59

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)